PATENT APPLICATION FEE DETERMINATION RECORD												III)Çî			
. Effective October 1, 2003									1079.0305						
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OF		R THAN ENTITY		
T	OTAL CLAIMS	·	G.				ľ	RATE	T	FEE	7	RATE	FEE		
FOR ·			NUMBER FILED		NUME	NUMBER EXTRA		BASIC FEE 385.00		OR	BASIC FEE	 			
T	OTAL CHARGE	ABLE CLAIMS	6 minus 20=					X\$ 9=		OR	XS18=				
IN	DEPENDENT C	LAIMS	minus 3 =		•			X43=			1	X86=	-		
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					7425	+		OR	A80=	 -		
• If the difference in column 1 is less than zero, enter 10 in column 2							۱۰	+145	1		OR	+290=			
- BI		TOTAL	L		OR	TOTAL	770								
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	LEN	TITY	OR	OTHER			
A		CLAIM\$ REMAINING		HIGH	EST	·] [ADDI-		וֻר		ADDI-		
AMENDMENT /		AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE	'n	ONAL FEE		RATE	TIONAL FEE		
Š	Total	. 0	Minus	-20	<u> </u>	.0		X\$ 9=			OR	X\$18#			
AME	Independent	NTATION OF MI	Minus	2	>			X43=	1		OR	X86-			
<u> </u>	PIROI PRESE	MIAHUN UF MI	ULTIPLE DE	PENDENT	CLAIM		, j	+145=	T		OR	+290=	•		
•									+			TOTAL			
	•	(Column 1)	· (Column 3)	VDDIT. FE	E L			ADDIT. FEE							
AMENDMENT B	10/12/05	CLAIMS HIGH REMAINING NUM APTER PREVI		(Colum HIGHE NUME PREVIO PAID F	ST ER USLY	PRESENT EXTRA		RATE	TI	DDI- DNAL		RATE	ADDI- TIONAL FEE		
NDM	Total	· 6	Minus	. 8	0	.O		X\$ 9=	T.		OR	X\$18=	1.		
AME	Independent	• /	Minus	 3	}	• O	lt	X43⇒	1		OR	XB6=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									Ť	\top	ÖR	+290=			
										- /	OP	TOTAL	•		
			DDIT. FEI	; 			NODIT. FEE	1.							
ENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	COLUM HIGHE NUMB PREVIOU PAID F	ST ER USLY	PRESENT EXTRA		RATE	TIC	DDI- DNAL EE		RATE	ADDI- TIONAL FEE		
夏	Total	•	Minus ·	••				X\$ 9=	T		OR	X\$18=			
AME	Independent	•	Minus	•••		8	-	X43=	十			X86=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	+145=	╁	\dashv	OR				
• H	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Proviously Paid For" RI THIS SPACE is less than 20, enter "20."										OR	+290=	· 		
_	the "Highest Nur the "Highest Nur	nber Proviously Pai mber Proviously Pa	id For' IN THE id For' IN THE	S SPACE is i	less than less than	20, enter "20."	~	TOTAL DOTT. FEE	_			DOTT. FEE			
		ber Previously Paid	ror (local or	ninobeugei	m ez méj	ngnest hambe	TOUR		propr	we box	in cot				
ORM	PTO-678 (Rev. 10	O		• •			Paten	and Youte	etnette (W.sod	s. DEM	ATMENT OF	COMMERCE		
	•	•		•		•		•	••		٠		•		